

## EMERGENCY MEDICAL SERVICES WEEK 2001



### “EMS: Answering the Call”

Emergency Medical Services (EMS) Week will be celebrated May 20—26 this year. EMS Week is a time to highlight how EMS makes a difference in the lives of Alaskans. The 2001 theme, "EMS: Answering the Call" will focus on the responsiveness of EMS personnel around the state, while underscoring the importance of the national 9-1-1 emergency number system. It also addresses the passion and commitment of the EMS providers who serve their communities.

EMS Week is a celebration to honor EMS providers throughout Alaska and the nation who deliver lifesaving emergency care, 24 hours a day, 7 days a week. "It is an opportunity to say thanks and to honor their outstanding efforts," says Mark Johnson, Chief of the Alaska Community Health and EMS Section in the Department of Health and Social Services.

Many activities will be planned in communities throughout Alaska. Visit our new EMS Week web page at: <http://www.chems.alaska.gov/emsweek.htm> for more information. EMS Week planning packets were sent to EMS agencies in March. Visit the American College of Emergency Physicians web site at:

<http://www.acep.org> for more information.



### Emergency Medical Services for Children (EMSC) Day

This year's EMS Week will feature the first National EMSC Day on Wednesday, May 23, 2001. This celebration is being sponsored by the Maternal and Child Health Bureau, of the Department of Health and Human Services, and its EMSC National Resource Center. By designating a specific day within the EMS Week celebration, the hope is to provide an avenue to heighten awareness of EMSC initiatives and to draw national attention to the essential need for specialized emergency care for pediatric patients.

An Alaska Department of Health and Social Services Publication

Tony Knowles, Governor  
Karen Perdue, Commissioner

## RESPONSE: EMS Alaska

Published by the Section of Community Health & Emergency Medical Services, Division of Public Health, Department of Health & Social Services.

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## Kudos to the Alaska Division of Emergency Services



The Division of Emergency Services, within the Department of Military and Veterans Affairs, is the agency responsible for disaster planning and response in Alaska. Recently, the agency hosted a two-day emergency management conference that focused on responding to school violence. The conference was attended by over 300 fire, EMS, law enforcement and school system personnel from throughout the state who heard first hand accounts about the Columbine High School shootings from three members of the Littleton Colorado Fire Department who responded to the school, and the Mayor of Littleton, who had many responsibilities as an elected official following the event. The conference provided an excellent opportunity for emergency services providers and school system personnel to learn from each other. It is hoped that EMS personnel will continue the momentum by meeting locally with fire, law enforcement and school system personnel, as well as others involved in planning for, and responding to, school violence.

## Alaska EMS Loses a Great Friend

"Hi, Matt, this is Scott Dull," he'd say in an unmistakable voice. "Got a second?" I always looked forward to his calls. Regardless of the topic discussed, there would be laughter. On April 28, 2001, Scott was killed in an avalanche in Utah while hiking with a good friend from medical school. He was 39.

Dr. Dull was dedicated to EMS in Alaska and made huge contributions during his all too short tenure as State EMS Medical Director. He devoted considerable time to making the clinical track of the Alaska EMS Symposium an educational and enjoyable event. All of us looked forward to working with him.

His intellect and passion for EMS were obvious and he had so many outstanding plans for Alaska's EMS system. Frequently, his conversations would turn to his family. His devotion to his wife, Lynn, son Spencer, and daughter, Emily, was palpable.

Scott's life was one well lived. Those of us who had a chance, however brief, to spend time with him are much the richer for it.



The Division of Public Health has launched a new distance delivery education system. The Public Health Training Network features a rich mix of medical topics, including ones related to emergency medical services. Through a contract with the University of Alaska Southeast, we are offering public health education programs on Thursday mornings from 9:00 am – 11:00 am. Many of the programs are tapes acquired from around the United States as well as downlinks to live programming. The programs are available on cable television in many Alaskan communities and are downloadable through a satellite dish. The satellite dish IRD must be ARCS/Gavel-to-Gavel compatible, located on Channel 12 of your IRD. Below is the current listing of communities which can receive the program on cable television.

- Anchorage – channel 44
- Bethel – channel 42
- Fairbanks – channel 97
- Juneau – channel 18
- Kotzebue – channel 98
- Nome – channel 98
- Petersburg – channel 10
- Seward – channel 4
- Sitka – channel 4
- Valdez – channel 20

If you have any technical questions, please contact Jim Gage, at the University of Alaska Southeast, at 465-6514 for assistance.

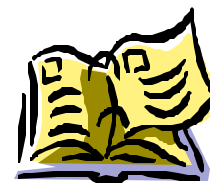
We are hopeful that EMS agencies will begin using these health related broadcasts for continuing medical education. To do so, all an EMS agency needs to do is have a site coordinator who is responsible for ensuring that participants register for each program and complete an evaluation form. We encourage participants to register on-line for each program. We would also appreciate site coordinators to be established as soon as possible to ensure that your site is registered and the information is available to your community from our website. This programming can be used for continuing education credit, but will need to be documented by

the site coordinator. For more information on how to register as a site coordinator, and participant information, visit the Public Health Training Network web site at: <http://www.chems.alaska.gov/phtn>.

EMTs who participate in the EMS related broadcasts can use the hours as continuing medical education. The EMS agency's training coordinator can provide verification on the application for recertification.

We hope that you will take advantage of this learning opportunity as well as offer suggestions for future programs. If you have any questions, please contact Doreen Risley at 465-8633 for more information.

### 26th Annual EMS Symposium



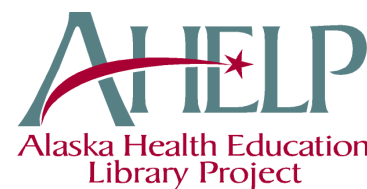
It's not too early to start planning for the 26th Annual EMS Symposium. It will be held in Anchorage on **November 8, 9 and 10, 2001** at the Egan Convention Center. Our Keynote Speaker will be **Steve Berry**, Paramedic/EMS Instructor and cartoonist from Colorado. The host hotel will be the Hotel Captain Cook.

#### "It's never too early to think about the Heroes":

Please start thinking about nominations for the Governor's EMS Awards to be presented at the EMS Symposium in November. Nomination packets will be distributed this summer, but category information and forms are available on our website at [http://www.chems.alaska.gov/ems\\_awards.htm](http://www.chems.alaska.gov/ems_awards.htm). Write-ups can be done anytime and forwarded to your EMS Regional Director/Coordinator.

### **Alaska Health Education Library Project (AHELP)**

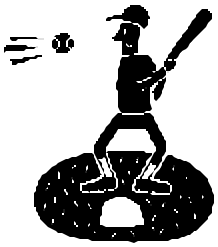
Looking for health education resources? Get some help from AHELP!



**Web site:**<http://www.ahelp.org>

The Alaska Health Education Library Project (AHELP) is an electronic clearinghouse of current health promotion and health education resources that are specific to and available in Alaska. It contains

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## Sports Injuries and the Trauma Registry

Studying sports injuries using a typical hospital discharge data system is close to impossible without pulling records and reading files. External cause of injury codes (E-Codes) are just not specific enough to verify that an injury results from a sport, much less which sport. Because the Alaska Trauma Registry registrars do the extra step of recording a narrative on each injury admission, it is possible to do a comprehensive review of sports injuries, including the specific activity which caused the injury, body region injured, injury severity, length of hospital stay, hospital charges, and outcomes.

In preparation for a presentation at the CDC Traumatic Brain Injury (TBI) Grantees meeting in March, 69 head injuries, occurring in a sports activity from 1994 through 1998, were analyzed. Head injuries most commonly occurred in baseball/softball (15), basketball (7), skiing (7), snowboarding (6), football (5), hockey (4), ice skating (4), rollerblading (4), and skateboarding (4). Of the non-motorized sports, helmets are recommended for rollerblading, baseball, softball, football, rugby, hockey, skateboarding, wrestling, boxing, lacrosse, and skiing. Helmets are also recommended for bicycle and horseback riding, neither of which were included in this study.

Excluding baseball and softball, which require a helmet only when batting or running bases, there were 36 sports related head injuries where a helmet would have been appropriate protective gear. In 14 of those 36 cases, helmet use was recorded. However, in 22 cases (61%) the safety equipment field was listed as "not applicable." Our recommendation to trauma registrars is to look for and record helmet use in connection with the sports injuries listed above, if at all possible, or mark it unknown. Most likely in many of these cases the information is just not available but, over time, it is the goal of the injury prevention program to convince paramedics, EMTs, nurses, physicians, and other health care providers to consider helmets to be as standard and recordable as seatbelts.

With more widespread helmet use in these sports, we believe that many of these serious head injuries can be prevented or mitigated.

*Martha Moore*  
*Injury Surveillance and Prevention Program Manager*

## EMS Tips and Tricks

**\*\* Beware:**

*Tips are not endorsed or tested for their validity. Maybe you should try them on yourself first? :-)*

\*When trying to palpate a weak radial pulse, apply a bit more pressure with the distal finger. This creates a stronger pulse wave that can be counted by the more proximal palpating finger.

\*Place the scope in the axilla of the armpit and cover with the patient's arm to block out some of the external noise. Keep your feet off the floor of the ambulance while listening to lung sounds to reduce the external factor.

\*To keep multiple bags of solution together while moving the gurney/patient, clip all bags to a large carabineer.

\*Put the end of a cut off glove on the end of your stethoscope to keep the nasty crud off of it.

\*Need sudden replacement for the diaphragm on your stethoscope? Grab some old film from x-ray and cut a piece to fit till you can get a new one.

\*Let the hard of hearing patient wear the stethoscope and you talk into/near the diaphragm.

\*Slide and slightly inflate a BP cuff (bladder) under the lumbar and knees to provide relief from the backboard, especially on long transports.

\*Save your gallon size ice cream bucket and reuse for emesis buckets WITH the lid handy.

\*Throw Chux, absorbent side down, on vomit (or other fluids) on the ambulance floor. Be careful when stepping on them as the plastic side up can get slick.

\*Don't underestimate the power of the sticky notes for learning! Put it on a sticky note. Place the sticky note somewhere where you visit frequently. (bathroom comes to mind here as well as by the coffee pot) *Caution!* If it is complex, just do a part of the information to be memorized.

\*When you book mark your pages, use sticky notes and first write something on it that you have to memorize along the edge that will hang out. Each time you go to flip open a page, you will see the information, again and again!

\*Hang a large print 100 question quiz on a bathroom wall. Figure out why the wrong answers are wrong.

\*Gastric distension from all that bagging? Use a multilumen in the esophagus first and suction out the air. Also helps when tubing the patient as it has no where else to go but the trachea.

\*Cardiac arrest patient: place tourniquet on ASAP as it gives the vein time to fill and will be easier to cath.

\*Use a bright flashlight under the hand to help veins show up.

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\*Frail veins? Use a slightly inflated BP cuff instead of a tourniquet. Less likely to blow the vein.

\*I have some other cool tips for skills and treatment, such as a very cool way to get the MAST/PASG on (correctly, too) in record breaking time without getting glass or metal from the scene trapped in them. But alas, it is hard to describe these things. However, the next time you see me, ask and I'll show you.

#### *Instructor Classroom Tips:*

\*Make a "Balloon Brain!" Take two balloons of different colors, stuff one inside the other, put the lighter color on outside. Inflate outer balloon while holding onto the inner balloon. Inflate inner balloon next then tie off both. By being able to see one balloon inside the other, you can demonstrate the brain moving inside the skull, as with coup-contrecoup injuries.

\*To simulate a seizure, roll eyes back during a lecture and fall to the floor with jerking motion. Allow secretions to drain from mouth and remember the grunting type noises often heard with seizures. To make it more realistic, fill a small zip-loc bag with water and place in your underwear. When you fall, fall on the bag so it splits to simulate incontinence. When post-ictal, don't forget the snoring respirations. (Remember a change of clothing for yourself!)

Happy, Vomit Free EMSing.

Got a tip? Willing to share? Send it to me for inclusion on the web site. [v.defrance@att.net](mailto:v.defrance@att.net)

*Valerie DeFrance  
EMS House of DeFrance*



*Continued from page 3*

information on health promotion programs, projects and materials and more. AHELP is designed to serve professionals in the field of health promotion and health education, as well as other public health professionals. It is intended to assist the professional in their everyday job and promote sharing, networking and collaboration by providing one central clearinghouse for finding health promotion information

Information contained in AHELP is searchable by seventeen health promotion primary topic areas and 300 common health education keywords. It is also searchable by any word. On line submission forms collect descriptive information, topic area, target audience, contact information and more.

Topic areas include Alcohol and Substance Abuse,

Cancer, Cardiovascular Health, Diabetes, Environmental Health, Health Promotion and Education, HIV/STD, Injury Prevention, Maternal Child and Family Health, Mental Health, Nutrition, Oral Health, Other Chronic Disease and Disabling Conditions, Physical Activity, Preventive Health Services, Tobacco and Others.

Although users need access to the Internet to be able to search AHELP for information and resources online, information the Alaska Health Education Library will also be available in other formats.

#### Special features:

**Health Tip of the Day**, courtesy of Marsall W. Kreuter, Ph.D.

**Projects:** Includes information on programs and projects around the state in health promotion, chronic disease prevention and injury prevention and email and web site links to each of the programs for more information.

**Health Education Materials:** Includes information on pamphlets, posters, publications, audiovisuals, curriculum and where to get them. Also includes an image of what they look like and electronic files for downloading if available.

**People:** Includes a directory of key contact people in health promotion program areas in Alaska. The project also maintains a computer discussion list (list serve) to foster networking and information sharing among health educators and others.

**Calendar** of training and events.

**Resources:** Includes links to other clearinghouses, lending libraries, health statistics and other useful health information in Alaska. A gateway to national health promotion resources and leading agencies.

It is sponsored by the Alaska Division of Public Health, with funding from the Centers for Disease Control and Prevention.

#### More info:

**AHELP Coordinator: Patty Owen**

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**Phone:** 1-800-879-7033; **Fax:** 907-465-2770;

**Mail:** Alaska Health Education Library Project (AHELP)

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## Poison Control Project

In February 2000, the U.S. Congress passed legislation to stabilize and enhance a national system of Poison Control Centers. The Poison Control Center Enhancement and Awareness Act (Public Law 106-174) establishes a nationwide toll free telephone line and public education campaign, and it provides funding to certified poison control centers to help maintain their financial viability.

The American Association of Poison Control Centers (AAPCC) has advised us that Alaska does not have a sufficient population to support its own certified poison control center at this time. In addition, the State of Alaska does not have statutes that authorize a state agency to certify poison control centers. In the past, the state has benefited from the voluntary provision of poison control information from Providence Hospital, Bartlett Regional Hospital, Fairbanks Memorial Hospital, and a few others.

The Health Resources and Services Administration (HRSA) has requested that we designate a nationally certified poison control center to provide poison control services to Alaska. To be eligible for this designation, a poison control center must be certified by AAPCC. Once designated, the center is eligible to apply to the federal government for three year's of grant funds to provide poison control services to Alaska.

Raj Maskay, the CHEMS Poison Control System Specialist, coordinated the efforts of the Alaska Poison Control Task Force, which included at least one member of the Alaska Council on Emergency Medical Services. The Task Force met several times in Anchorage to review the current state of the poison control system in Alaska, to provide recommendations on poison control system development, and to develop and refine the letter of solicitation used to solicit proposals from certified poison control centers.

Following review and scoring of the proposals, the group determined that the Oregon Poison Control Center be recommended to the Commissioner for designation to apply for federal funding to provide poison control services in Alaska.

The next steps in this process are to: formalize the

relationship between the state and the selected poison control center through a Memorandum of Agreement; develop resources for use by the center to identify and understand referral patterns in Alaska; and to provide technical assistance to the selected poison control center in the development of their application for federal funding.

For more information on this important project, contact Raj Maskay at 465-5319 or [raj\\_maskay@health.state.ak.us](mailto:raj_maskay@health.state.ak.us).

## The Code Blue Project

The Code Blue project was initiated in 1999 to quantify the unmet needs of rural emergency medical services agencies. The development and continuing evolution of the Code Blue project involves a partnership between the Alaska Department of Health and Social Services, the Regional and subarea EMS offices, local communities, and others, such as the Alaska Council on Emergency Medical Services. The Code Blue Database includes EMS needs supported by Regional EMS agencies and represents a "snapshot" of documented needs in rural Alaska. The Code Blue database contains equipment for patient transportation (ambulances and other transport vehicles), patient care, training, and communications. The database does not include the costs of essential EMS-related training that also has been identified. There has been great progress made over the past few months towards obtaining funding. For example, in January, the Denali Commission approved a resolution that, "the Commission allocate up to \$1 million for needs identified in the most current version of the Code Blue (EMS needs survey) document which are fixed capital projects or otherwise meet eligibility criteria established by the above referenced Steering Committee." The request to the Denali Commission Infrastructure Committee that we submitted totaled a bit over \$500,000. Intercommunity radio repeaters comprised the largest category. In addition, the proposal included some patient care equipment and non-portable (base station) radio equipment. We are extremely grateful for the allocation of resources from the Commission.

Applications for funding have also been submitted to

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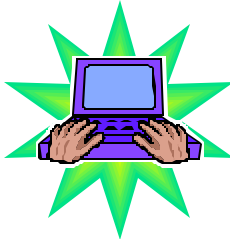


the United States Department of Agriculture and to the Rasmuson Foundation, an Alaska based philanthropic organization. Lastly, an application for funding unmet rural EMS training needs has been submitted to the Health Resources and Services Administration. There will, no doubt, be much more news about the outcome of these applications in the next newsletter.

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## New and Updated on the Web

The Section of Community Health and EMS web site at <http://www.chems.alaska.gov> continues to be expanded to provide better support for the thousands of EMS personnel in Alaska. Here are some recently highlights:



**Alaska EMS Skill Sheets:** Revised in January by the State EMS Training Committee, the skills sheets provide step-by-step guidance for performing essential EMS skills and, importantly, serve as the reference for the Alaska EMS practical examinations for certification.

**Guide for EMTs in Alaska:** This document provides essential information about the EMS system in Alaska and targets prehospital emergency medical personnel. It was revised in February, 2001.

**Guide for EMS Instructor and Certifying Officers:** This document, formally known as the "CO Manual" was expanded earlier this year to include more information about course planning and the new practical examinations for certification.

**Prehospital Trauma Guidelines:** These guidelines have been updated and incorporate all levels into one document. Sections on pediatric care were added. It also includes the burn protocols which were previously a separate document. It was revised January, 2001.

**Alaska's Allied Health Workforce: A Statewide Assessment:** A statewide assessment of the health care workforce was completed recently by the Alaska Center for Rural Health. Staff at the Center have provided us with a version focusing on the emergency medical services workforce that can be downloaded from the CHEMS site.

In addition to the files available for download, the site has an on-line discussion board which is used for job postings and, most recently, for hosting scenario based education related to pediatric emergencies.

We are hopeful that we will be able to include new features over the next year, including on-line course approval and course reporting systems for instructors, many new files and scenario based training on timely EMS management issues. Stop by the site to see the changes. If there are features which you think should be considered for inclusion on the site, please let us know.

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## Help Us Improve

### RESPONSE: EMS Alaska

This newsletter is published three to four times a year. We are always trying to improve its content and format. To help us in this endeavor, please drop by the web site and, if you have not already done so, complete the short survey on the Response Newsletter page. The survey won't take much of your time and would be a big help to us. No identifying information is requested or collected.



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## Training Matrix Project

Many of you are aware that the Section of Community Health and EMS is working with the State EMS Training Committee, and others, to improve the EMT/EMT-Instructor certification regulations by identifying and eliminating impediments to the recruitment, certification, testing and recertification of emergency medical technicians and EMS instructors.

Significant amendments to several sections of the regulations are proposed, including those related to qualifications of EMTs, EMT-Instructors, recertification and continuing medical education.

We have contracted with an attorney to speed the process and expect that the proposed amendments to the regulations will be available for public comment some time this summer. In addition to the public notices required by law, we will be providing information via the ak-ems list server and will be posting the proposed amendments on the CHEMS web site.

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